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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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AP-5
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/943,763
	Filing Date	August 30, 2001
	First Named Inventor	David J. Corisis
	Group Art Unit	2813
	Examiner Name	J. Mitchell
Attorney Docket Number		2269-3388.6US (97-0560.05/US)

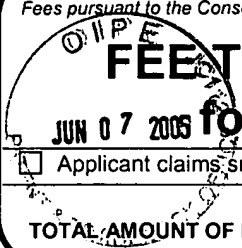
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Postcard receipt acknowledgment (attached to the front of this transmittal)	<input type="checkbox"/> Information Disclosure Statement, PTO/SB/08A (08-00); <input type="checkbox"/> copy of cited references	<input checked="" type="checkbox"/> Terminal Disclaimer and Check No. 21775 in the amount of \$130.00
<input checked="" type="checkbox"/> Duplicate copy of this transmittal sheet in the event that additional filing fees are required under 37 C.F.R. § 1.16	<input type="checkbox"/> Supplemental Information Disclosure Statement; PTO/SB/08A (08-00); copy of cited references and Check No. in the amount of \$180.00	<input type="checkbox"/> Terminal Disclaimer
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<input type="checkbox"/> Amendment in response to office action dated	<input type="checkbox"/> Petition	
<input checked="" type="checkbox"/> Amendment under 37 C.F.R. § 1.116 in response to final office action dated April 5, 2005	<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Additional claims fee - Check No. 7895 in the amount of \$250.00	<input type="checkbox"/> Certified Copy of Priority Document(s)	
<input type="checkbox"/> Letter to Chief Draftsman and copy of FIGS. with changes made in red	<input type="checkbox"/> Assignment Papers (for an Application)	
<input type="checkbox"/> Transmittal of Formal Drawings	Remarks	
<input type="checkbox"/> Formal Drawings (sheets)	The Commissioner is authorized to charge any additional fees required but not submitted with any document or request requiring fee payment under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account 20-1469 during pendency of this application.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	James R. Duzan	Registration No. 28,393
Signature		
Date	June 3, 2005	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Leta M. Howard		
Signature		Date	June 3, 2005

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
 <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">FEE TRANSMITTAL</div> <div style="font-size: 1.5em; font-weight: bold; margin: 0 0;">for FY 2005</div>		Application Number	09/943,763
		Filing Date	8/30/2001
		First Named Inventor	David J. Corisis
		Examiner Name	J. Mitchell
		Art Unit	2813
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	2269-3388.6US (97-0560.05/US)
TOTAL AMOUNT OF PAYMENT (\$) 380.00			

METHOD OF PAYMENT (check all that apply)

☒ Check
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Under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
<u>28</u>	<u>-27 or HP= 1</u>	<u>50</u>
		Fee Paid (\$)
		<u>50</u>
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
<u>10</u>	<u>- 9 or HP= 1</u>	<u>200</u>
		Fee Paid (\$)
		<u>200</u>
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

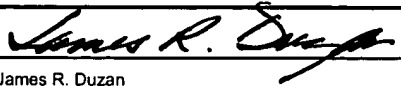
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u> </u>	<u>- 100 =</u>	<u> </u> / 50 = <u> </u> (round up to a whole number) x	<u> </u>	<u> </u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>Terminal Disclaimer Fee</u>	<u>\$130.00</u>

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	28,393	Telephone	801-532-1922
Name (Print/Type)	James R. Duzan	Date	June 3, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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